

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY


E NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC ACTION JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a)1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication)

7125 Monticello Road

B. CITY:

Columbia

C. COUNTY:

Richland

D. STATE:

SC

E. COORDINATES: (Degrees, Minutes, Seconds)

LATITUDE: **34-04-28** N LONGITUDE: **81-03-52** W12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

Carolina Electrnics

12D. CURRENT LICENSEE'S RADIO SERVICE:

YX

12E. CURRENT LICENSEE'S CALL SIGN:

KNHY623

FOR COMMISSION USE ONLY

ASB:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT

500 FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)

FT

3. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0)

FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?

FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE

380 FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA:

Owens Downtown

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY

SSE 8 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☒ NO

FCC MELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS. (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) 2421 Old Savannah Rd.	B. CITY: Augusta	
C. COUNTY: Richmond	D. STATE: GA	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 33-26-17 N LONGITUDE: 82-05-19 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT		
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Motorola	FOR COMMISSION USE ONLY	
12D. CURRENT LICENSEE'S RADIO SERVICE: YB	ASB:	
12E. CURRENT LICENSEE'S CALL SIGN: WNFT398		
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 489 FT		
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.		
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT		
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT		
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT		
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 479 FT		
16A. NAME OF NEAREST AIRPORT	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY NE 3 Mi	

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Approved by OMB
3060-0064

Expires 10/31/92

See instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: ☐ YES ☒ NO


FCC FILE NO. JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	

9A. PURPOSE OF APPLICATION:

☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) Shawnee Rd., on Green Mt.		B. CITY: Huntsville	
C. COUNTY: Madison	D. STATE: AL	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 34-37-18 N LONGITUDE: 86-31-02 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Lanford, Frank L	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: IB	
12E. CURRENT LICENSEE'S CALL SIGN: WZP854	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **320** FT


14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

9. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **1460** FT

16A. SOUTH EAST WEST NORTH LANDING AREA  16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SW 7.5 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☒ NO

FCC FILED JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION			OLD VALUE OF KEY ITEMS CHANGED						
	A	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
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	C	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	D	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	E	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) 200 Thayer Ave.		B. CITY: New Orleans	
C. COUNTY: Orleans	D. STATE: LA	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 29-56-02 N LONGITUDE: 90-02-40 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Motorola C&E Inc.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: YB	
12E. CURRENT LICENSEE'S CALL SIGN: KA81098	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **720** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **0** FT

16A. **NAS New Orleans** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SSE 6.2 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

Expires 10/31/92
See instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☒ NO

SMELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION. Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
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DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) 1 mi N Int. 61 & 964		B. CITY: Baton Rouge
C. COUNTY: East Baton Rouge	D. STATE: LA	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 30-36-50 N LONGITUDE: 91-14-01 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT		
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Thibodeaux Shell	FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE: IS		
12E. CURRENT LICENSEE'S CALL SIGN: KNAT886		
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND. ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 499 FT		
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.		
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT		
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT		
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 90 FT		
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 90 FT		
16A. NAME OF NEAREST AIRCRAFT LANDING AREA: Bayou Airport	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY SE 6.8 Mi	

APPLICATION FOR STATION AUTHORIZATION IN THE
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NUMBER:

SEND TO ASB: ☐ YES ☒ NO

FCC MELLON JAN 14 1992

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7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
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	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) 2026 DeSoto St.	B. CITY: Shreveport	
C. COUNTY: Caddo	D. STATE: LA	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 32-28-25 N LONGITUDE: 93-46-10 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT		
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Shreveport Comm.		FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: GB		
12E. CURRENT LICENSEE'S CALL SIGN: WNNM725		
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT		420 FT
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.		
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)		FT
13 HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0)		FT
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?		FT
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE		227 FT
16A. Shreveport Regional AIRPORT IDENTIFYING AREA	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY SW 3 Mi	

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☒ NO

FCC HELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS. (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY <input checked="" type="checkbox"/> PARTNERSHIP		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION 90.75(a)1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication)

.5 mi S Int. 342 & 93

B. CITY:

Scott

C. COUNTY:

Lafayette

D. STATE:

LA

E. COORDINATES: (Degrees, Minutes, Seconds)

LATITUDE: **30-10-26 N** LONGITUDE: **92-07-59 W**12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☒ NO
IF YES, BY HOW MANY FEET? **FT**

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

Teche Landscaping

12D. CURRENT LICENSEE'S RADIO SERVICE:

IB

12E. CURRENT LICENSEE'S CALL SIGN:

WNDE289

FOR COMMISSION USE ONLY

ASB:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **599** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC. WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **FT**14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **FT**14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **FT**15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **30** FT

16A. THE NEAREST AIRCRAFT LANDING AREA:

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **NE 2.3 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICESee instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY


F NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC MELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a)1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:			
A. NUMBER AND STREET: (or other specific indication) Fletcher Rd at Hwy 378		B. CITY: Westlake	
C. COUNTY: Calcasieu	D. STATE: LA	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 30-16-45 N LONGITUDE: 93-14-45 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Richards Drilling		FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE: GO			
12E. CURRENT LICENSEE'S CALL SIGN: WQA666			
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT			418 FT
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:			
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)			FT
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0)			FT
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?			FT
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE			22 FT
16A. NAME OF NEAREST AIRPORT/LANDING AREA: Base Lake Charles		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: SE 7.5 Mi	

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FOR COMMISSION USE ONLY


E NUMBER:

SEND TO ASB: ☐ YES ☒ NO

FCC MELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a)1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 140 Alpha One Road	B. CITY: Jackson
C. COUNTY: Hinds	D. STATE: MS
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 32-16-53 N LONGITUDE: 90-17-41 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Jackson, City of	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: PS	
12E. CURRENT LICENSEE'S CALL SIGN: WNB654	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 1105 FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT	
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 465 FT	
16A. NEAREST NEAREST AIRCRAFT LANDING AREA.	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY NE 5.5 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY


E NUMBER:

SEND TO ASB: ☐ YES ☒ NO

JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS. (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 		7. CLASS OF STATION: (enter code) FXO	
		8. ELIGIBILITY RULE SECTION 90.75(a)1	
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE.

A. NUMBER AND STREET: (or other specific indication)

1mi N I-49/53 (1miE I-49)

B. CITY:

Lyman

C. COUNTY:

Harrison

D. STATE:

MS

E. COORDINATES: (Degrees, Minutes, Seconds)

LATITUDE: **30-30-56** N LONGITUDE: **89-05-38** W12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☒ NO
IF YES, BY HOW MANY FEET? **FT**

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

Teltronic Comm.

12D. CURRENT LICENSEE'S RADIO SERVICE:

YX

12E. CURRENT LICENSEE'S CALL SIGN:

WNMI953

FOR COMMISSION USE ONLY

ASB:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **420** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **FT**14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **FT**14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **FT**15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **69** FT

16A. NAME OF NEAREST AIRPORT/LANDING AREA:

Guilford Municipal

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY

SSE 7 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICESee instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☒ NO

FCC/MELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) 401 W. Capital Ave.	B. CITY: Little Rock	
C. COUNTY: Pulaski	D. STATE: AR	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 34-44-38 N LONGITUDE: 92-16-32 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12C. NAME OF CURRENT LICENSEE USING STRUCTURE:	FOR COMMISSION USE ONLY	
12D. CURRENT LICENSEE'S RADIO SERVICE:	ASB:	
12E. CURRENT LICENSEE'S CALL SIGN:		
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.		
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) 560 FT		
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) 13 FT		
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 573 FT		
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 304 FT		
16A. NAME OF NEAREST AIRCRAFT LANDING AREA:	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY SE 3.3 Mi	

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

Expires 10/31/92
See instructions for information
regarding public burden estimate.


FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 875 N. Michigan Ave.	B. CITY: Chicago
C. COUNTY: Cook	D. STATE: IL E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 41-53-56 N LONGITUDE: 87-37-23 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Intercept Courier	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: GB	
12E. CURRENT LICENSEE'S CALL SIGN: WNMF511	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) 1106 FT	
3. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) 350 FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 1456 FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 593 FT	
16A. NAME OF NEAREST AIRCRAFT LANDING AREA: Meigs Field	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: SSE 3 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Expires 10/31/92
See instructions for information
regarding public burden estimate.


FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 32093 N. O'Plaine Rd.	B. CITY: Gurnee
C. COUNTY: Lake	D. STATE: IL
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 42-19-42 N LONGITUDE: 87-54-48 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: SkyTel Corp.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: CD	
12E. CURRENT LICENSEE'S CALL SIGN: KNKL375	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 310 FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT	
HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 737 FT	
16A. NAME OF NEAREST AIRPORT AND LANDING AREA: Walbridge Memorial	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY SW 6.5 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE


FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 		7. CLASS OF STATION: (enter code) FXO	
		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II—ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) #1356 Griswold Street		B. CITY: Detroit
C. COUNTY: Wayne	D. STATE: MI	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 42-19-48 N LONGITUDE: 83-02-51 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO		

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE:	
12E. CURRENT LICENSEE'S CALL SIGN:	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT	FT
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)	652 FT
HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0)	13 FT
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?	665 FT
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE	630 FT
16A. DIRECTION AND DISTANCE TO NEAREST AIRCRAFT LANDING AREA:	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: NNE 3 Mi

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FCC/MELLON JAN 1992

Approved by OMB
3060-0064

Expires 10/31/92

See instructions for information
regarding public burden estimate.


FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY <input checked="" type="checkbox"/> PARTNERSHIP		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION			OLD VALUE OF KEY ITEMS CHANGED						
	A	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	B	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	C	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	D	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	E	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 7530 Forsyth St.	B. CITY: St. Louis
C. COUNTY: St. Louis	D. STATE: MO
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 38-36-47 N LONGITUDE: 90-20-09 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Motorola	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: IB	
12E. CURRENT LICENSEE'S CALL SIGN: KRM325	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **631** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **FT**

HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **FT**

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **FT**

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **480** FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA: **St. Louis Downtown Park**

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SE 2.6 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FCC/MELLON JAN 21 1992
Approved by OMB
3050-0064
Expires 10/31/92
See instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY <input checked="" type="checkbox"/> PARTNERSHIP		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	

9A. PURPOSE OF APPLICATION:

☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 7th St. & Marquette Ave.	B. CITY: Minneapolis
C. COUNTY: Hennepin	D. STATE: MN
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 44-58-36 N LONGITUDE: 93-16-11 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO
FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Minuti Ogle Co Inc	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: IB	
12E. CURRENT LICENSEE'S CALL SIGN: KRD827	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **800** FT

HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **332** FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **1132** FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **854** FT

16A. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SSE 8 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FCC/MELLON JAN

Approved by GMB
3060-0064

Expires 10/31/92

See instructions for information
regarding public burden estimate.


FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 1200 Main St.	B. CITY: Kansas City
C. COUNTY: Jackson	D. STATE: MO
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 39-05-58 N LONGITUDE: 94-34-57 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO FT	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE:	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE:	
12E. CURRENT LICENSEE'S CALL SIGN:	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) 583 FT	
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) 13 FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 596 FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 887 FT	
16A. NAME OF NEAREST AIRPORT AND CITY:	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: NW 1.3 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICEFCC/MELLON JAN Approved by OMB
3060-0064

Expires 10/31/92

See instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY

1. NUMBER:		SEND TO ASB: <input type="checkbox"/> YES <input type="checkbox"/> NO	
FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.			
SECTION I-IDENTIFICATION INFORMATION			
1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		7. CLASS OF STATION: (enter code) FXO	
		8. ELIGIBILITY RULE SECTION: 90.75(a)1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
DESCRIBE ANY OTHER CHANGES:			
10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
SECTION II-ANTENNA INFORMATION			
11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:			
A. NUMBER AND STREET: (or other specific indication) Public Sq Terminal Twr		B. CITY: Cleveland	
C. COUNTY: Cuyahoga	D. STATE: OH	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 41-29-55 N LONGITUDE: 81-41-42 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY HOW MANY FEET? FT			
12C. NAME OF CURRENT LICENSEE USING STRUCTURE:		FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE:			
12E. CURRENT LICENSEE'S CALL SIGN:			
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT FT			
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.			
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) 660 FT			
HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) 13 FT			
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 673 FT			
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 664 FT			
16A. NAME OF NEAREST AIRPORT AND LANDING AREA: BUREAU Lakefront		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY NNE 1.1 Mi	

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Expires 10/31/92
See instructions for information
regarding public burden estimate.


FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a)1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION			OLD VALUE OF KEY ITEMS CHANGED						
	A	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	B	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	C	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	D	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	E	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) 20695 W. National Ave.		B. CITY: New Berlin
C. COUNTY: Waukesha	D. STATE: WI	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 42-56-16 N LONGITUDE: 88-10-12 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT		
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Federal Express Co	FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE: GB		
12E. CURRENT LICENSEE'S CALL SIGN: WHJV475		
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 500 FT		
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.		
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT		
HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT		
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT		
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 1000 FT		
16A. NAME OF NEAREST AIRCRAFT LANDING AREA:	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY SSE 3 Mi	

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Expires 10/31/92
See instructions for information
regarding public burden estimate.


FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 2345 Symmes St.	B. CITY: Cincinnati
C. COUNTY: Hamilton	D. STATE: OH
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 39-07-31 N LONGITUDE: 84-29-57 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT	

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Motorola	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: YX	
12E. CURRENT LICENSEE'S CALL SIGN: WQA640	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT	909 FT
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)	FT
HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0)	FT
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?	FT
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE	840 FT
16A. NAME OF NEAREST AIRPORT AND RUNWAY	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY ESE 4 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FCC/MELLON JAN 21 1992

Approved by OMB
5086-0064

Expires 10/31/92

See instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a)1	

9A. PURPOSE OF APPLICATION:
☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) Illinois and Ohio St.		B. CITY: Indianapolis	
C. COUNTY: Marion	D. STATE: IN	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 39-46-14 N LONGITUDE: 86-09-39 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☐ YES ☒ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☐ NO
FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE:	
12E. CURRENT LICENSEE'S CALL SIGN:	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **539** FT

HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **13** FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **552** FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **712** FT

16A. NAME OF NEAREST AIRPORT OR LANDING AREA: **Indianapolis International Airport** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SW 6.5 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FCC/MELLON JAM Approved 8/20/MB
3060-0064
Expires 10/31/92
See instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	

9A. PURPOSE OF APPLICATION:
☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) 41 South High St.		B. CITY: Columbus
C. COUNTY: Franklin	D. STATE: OH	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 39-57-40 N LONGITUDE: 83-00-04 W

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☐ YES ☒ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☐ NO
IF YES, BY HOW MANY FEET? _____ FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE:	
12E. CURRENT LICENSEE'S CALL SIGN:	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT _____ FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **512** FT
 HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **13** FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **525** FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **766** FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA: **Honey Airport** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: **SW 5 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICESee instructions for information
regarding public burden estimate.


FOR COMMISSION USE ONLY

FCC NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners	3. CALL SIGN: (If application refers to an existing Part 94 station)
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437	4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.	5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY	5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636
7. CLASS OF STATION: (enter code) FXO	8. ELIGIBILITY RULE SECTION: 90.75 (a) 1
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 	

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

9C. DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) Christian Rd. 3.6 mi N	B. CITY: New Albany	
C. COUNTY: Floyd	D. STATE: IN	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 38-21-23 N LONGITUDE: 85-50-52 W

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☒ NO
IF YES, BY HOW MANY FEET? **XX** FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Motorola	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: VX	
12E. CURRENT LICENSEE'S CALL SIGN: KNTH415	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **984** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **FT**14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **FT**14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **FT**15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **976** FT16A. NAME OF NEAREST AIRCRAFT LANDING AREA
Raps16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY:
SE 5 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE


FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication)

4149 Germantown Pike

B. CITY:

Dayton

C. COUNTY:

Montgomery

D. STATE:

OH

E. COORDINATES: (Degrees, Minutes, Seconds)

LATITUDE: **39-43-51** N LONGITUDE: **84-15-47** W12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

Motorola

12D. CURRENT LICENSEE'S RADIO SERVICE:

YX

12E. CURRENT LICENSEE'S CALL SIGN:

KNGD802

FOR COMMISSION USE ONLY

ASB:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **450** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

i. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **960** FT

16A. NAME OF NEAREST AIRPORT AND SURROUNDING AREA:

Wright Field (AFB)16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **NE 7.5 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

See instructions for information
regarding public burden estimate.


FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY <input checked="" type="checkbox"/> PARTNERSHIP		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a)1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 716 N. Westwood Ave.	B. CITY: Toledo
C. COUNTY: Lucas	D. STATE: OH
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 41-38-42 N LONGITUDE: 83-36-22 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Motorola	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: YX	
12E. CURRENT LICENSEE'S CALL SIGN: KNJJ427	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 434 FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) 615 FT	
HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) 615 FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 615 FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 615 FT	
16A. NAME OF NEAREST AIRCRAFT LANDING AREA: AME Airport	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY SE 5.5 Mi